

MALAGA and DISTRICTS BUSINESS ASSOCIATION Inc

P O Box 3022 MALAGA DC 6945

Phone/Fax: 9248-2526

email: execofficer@malagab2b.com.au



APPLICATION FOR MEMBERSHIP

Business name: _____

Contact name: _____

ABN: _____

Position in Business: _____

Phone: _____

Fax: _____

Mobile: _____

Web: _____

email: _____

(Please note that the association's primary source of communication is by email)

Postal address: _____

PC: _____

Street address: _____

PC: _____

Business sector (eg: retail, security, automotive, IT): _____

Brief description of business activity: _____

Optional Information: How long has your business been operating? _____

Reason for joining? _____

Is your base business in Malaga? _____ Percentage of business conducted in Malaga? _____

On behalf of the above named business I hereby apply for membership and agree to abide by the constitution and rules of the Malaga and Districts Business Association Inc.

Signature (of contact name) _____ Date: _____

Membership fees:

Number of months to June next year _____ cannot be zero, maximum 12, minimum 1

Membership fee to 30 June _____

Total Payable _____

If you join in July, the total payable will be \$214.50, the full year's membership fee. The membership fee is renewable in July each year.

PAYMENT OPTIONS

Credit card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> Direct debit	<input type="checkbox"/> Cheque enclosed
Cardholder name:	Commonwealth Bank	(Please print & post this form with your cheque)
No:	BSB: 066 167	
Expiry date:	Account no: 1003 9327	
Signature:	(Please email or fax proof of payment)	